

Prepared by and return to:

Joseph M. Sparkman, Jr.
Attorney at Law
Post Office Box 266
Southaven, MS 38671-0266
662-349-6900

020982

STATE MS. - DESOTO CO.
WARRANTY DEED FILED *me*

Nov 19 9 57 AM '02

Marian H. Freeman, a Single Person
GRANTOR

BK 432 PG 409
W.E. DAVIS CH. CLK.

to:

Michael R. Sweeney, a Single Person
GRANTEE

FOR AND IN CONSIDERATION of the sum of Ten and No/100 Dollars (\$10.00), cash in hand paid, and other good and valuable considerations, the receipt of which is hereby acknowledged, Marian H. Freeman, a Single Person does hereby sell, convey, and warrant unto Michael R. Sweeney, a Single Person the land lying and being situated in DeSoto County, Mississippi, being more particular described as follows, to wit:

Lot 293, Phase I, Section "J", The Plantation Subdivision, in Section 22, Township 1 South, Range 6 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 48, Page 26, in the office of the Chancery Clerk of DeSoto County, Mississippi.

By way of explanation, Helen G. Woodham, departed this life on May 2, 2000 *mhb* while an adult resident citizen of DeSoto County, MS as evidenced by the attached death certificate.

The warranty in this Deed is subject to rights-of-way and easements of record for public roads and public utilities, subdivisions and zoning regulations in effect, prior reservations of oil and mineral rights, all applicable building restrictions and restrictive covenants of record, in the office of the Chancery Court Clerk of DeSoto County, Mississippi, including, but not limited to, Plat Book 48, Page 26.

Taxes for the year 2002 are to be paid by Grantee and possession is to be given with receipt of Deed.

WITNESS the signature of the Grantors, this the 15th day of November, 2002.

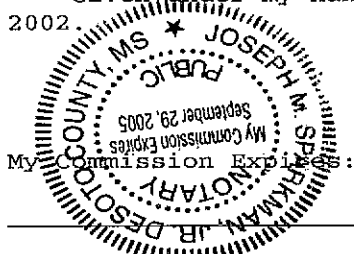
Marian H. Freeman

Marian H. Freeman

STATE OF MISSISSIPPI
COUNTY OF DESOTO

PERSONALLY appeared before me, the undersigned authority in and for the said State and County aforesaid, the within named Marian H. Freeman, a Single Person, who acknowledge that she executed and delivered the above foregoing Warranty Deed on the day and year therein mentioned as her free and voluntary act and deed and for the purposes therein expressed.

Given under my hand and official seal of office, this the 15th day of November, 2002.



[Signature]
Notary Public

GRANTOR'S ADDRESS:

8193 ROSEMONT
OLIVE BRANCH MS 38654
Work Phone #: NONE
Home Phone #: 662-893-6868

GRANTEE'S ADDRESS:

8321 Montrose Drive
Olive Branch, Mississippi 38665
Work Phone #: 662-449-0630
Home Phone #: 662-449-0630

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

REPRINT
IN
IMMEDIATE
ACK INK
FOR
FUNCTIONS
HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last) Helen Gray WOODHAM				2. SEX Female		3. DATE OF DEATH (Month, Day, Year) May 2, 2000	
4. SOCIAL SECURITY NUMBER (of Decedent) 415-10-0211		5a. AGE - LAST BIRTHDAY (Year) 83		5b. UNDER 1 YEAR MOS. DAYS HOURS MIN.		6. DATE OF BIRTH (Month, Day, Year) Aug 2, 1916	
7. BIRTHPLACE (City and State or Foreign Country) Ellisville MS		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No					
9a. PLACE OF DEATH (Check only one) HOSPITAL: 1 <input checked="" type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA 4 <input type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)		9b. FACILITY NAME (If not institution, give street and number) Baptist East					
9c. CITY, TOWN, OR LOCATION OF DEATH Memphis		9d. COUNTY OF DEATH Shelby					
10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Never Married		11. SURVIVING SPOUSE (If wife, give maiden name) NA		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Personal Financial Secretary		12b. KIND OF BUSINESS/INDUSTRY Finance	
13a. RESIDENCE - STATE MS		13b. COUNTY DeSoto		13c. CITY, TOWN OR LOCATION Olive Branch		13d. STREET AND NUMBER OR RURAL LOCATION 8321 Montrose	
13e. INSIDE CITY LIMITS? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No		13f. ZIP CODE 38654		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15. RACE - American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 2		17. FATHER'S NAME (First, Middle, Last) Earl Woodham					
18. MOTHER'S NAME (First, Middle, Maiden Surname) Edith Harrington		19a. INFORMANT'S NAME (Type/Print) Mamie Freeman					
19b. RELATIONSHIP TO DECEASED Friend		19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8321 Montrose Olive Branch MS 38654					
20a. METHOD OF DISPOSITION 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Memorial Park Cemetery		20c. LOCATION - City or Town, State Memphis TN		21a. SIGNATURE OF FUNERAL DIRECTOR Candace Stokes	
21b. LICENSE NUMBER OF FUNERAL DIRECTOR 4189		21c. SIGNATURE OF EMBALMER Glenn Gray		21d. LICENSE NUMBER OF EMBALMER 4629		22a. NAME AND ADDRESS OF FUNERAL HOME Memphis Funeral Home Poplar P.O. Box 17069 Memphis TN 38187-0069	
22b. LICENSE NUMBER OF FUNERAL HOME 416		23. REGISTRAR'S SIGNATURE Mary Ann B. ...					
24. DATE FILED (Month, Day, Year) MAY 09 2000		25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated. 1 <input type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN Kurt Tauer M.D.					
25b. LICENSE NUMBER 1071282		25c. DATE SIGNED (Month, Day, Year) 5-4-00					
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the date and place, and due to the cause(s) and manner as stated. 2 <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER		26b. LICENSE NUMBER		26c. DATE SIGNED (Month, Day, Year)			
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) Kurt Tauer M.D. 1715 ...		28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. mycobacteria intracellulare aerosol DUE TO (OR AS A CONSEQUENCE OF): b. pneumonia DUE TO (OR AS A CONSEQUENCE OF): c. malignant lymphoma DUE TO (OR AS A CONSEQUENCE OF): d. LAST					
28. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.		29a. WAS AN AUTOPSY PERFORMED? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No			
30. MANNER OF DEATH 1 <input checked="" type="checkbox"/> Natural 5 <input type="checkbox"/> Pending investigation 2 <input type="checkbox"/> Accident 6 <input type="checkbox"/> Could not be determined 3 <input type="checkbox"/> Suicide 8 <input type="checkbox"/> Homicide		31a. DATE OF INJURY (Month, Day, Year)		31b. TIME OF INJURY M		31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	
31d. DESCRIBE HOW INJURY OCCURRED		31e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

For use by physician or institution

CLIN OR MED-
EXAMINER EX-
NG CERTIFICATE
COMPLETE AND
MEDICAL CERTI-
N WITHIN 48
S.INSTRUCTIONS
ON OTHER SIDECAUSE OF
DEATH

BIRTH NO.